POSITION INITIALS ID NO. DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

TO NO. DATE

10 NO. DATE

10 NO. DATE

10 NO. DATE

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
·	Restricted	0	Objected

		D	••	Claim	Date
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	Final Original			Final	
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	55	+++-		106	+++++
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10	60	+++-+	<del>                                     </del>	110	<del>                                     </del>
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21	71	1 1 1 1		121	
22	72		1-1-1-1	122	
23	73	+++		123	
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37	87	++++	++++	137	<del>┧╎</del> ┼┼┼┼┼┼┼
38	88	+++		138	<del>┼╎╎╎┤┤┡</del> ┼┼
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9 44	94	++++		144	
45	95	<del>-         </del>	<del>                                     </del>	145	
46	96	<del>                                     </del>	<del>                                     </del>	146	
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Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here

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